JU.S. Department of Labor Office of Labor-Management Standards
Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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Name JEFFREY

1. File Number U - 7860

3. Name and address of person filing.

VOGT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name BLET

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 004-567

DIVISION

Street 30 W JENNIFER DR  City LINCOLN  State NE ZIP Code +4 CBDL 1932  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  8. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg, Room No., if any  Signature  15. Signature and verification. The undersigned declares, under penalty of Pedjuy and other applicable penalties of submitted in fils report (inguing the information contained in an accompanying documents), has been examined by tundersigned's knowledge and belief, true Correct, and complete. (See the section on penalties in the instructions.)  Signed  On Silvios Vost	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
State NE ZIP Code +4 66501-1332 State ZIP Code +4	Street 301 W JENNIFTE DR	Street 301 W. JENNIFER DR		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  Slate  ZIP Code + 4  Signature  16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of submitted in this report (ingluding the information contained in any accompanying documents), has been examined by undersigned's knowledge and belief, truy. Correct, and complete. (See the section on penalties in the instructions.)  Signed  On State  On St	City Cocx	City CNCOLN		
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  2IP Code +4   15. Signature  15. Signature and verification. The undersigned declares, under penelty of Perjury and other applicable penalties of submitted in this report (including the information contained in any accompanying documents), has been examined by tundersigned's knowledge and belief, true Correct, and complete. (See the section on penalties in the instructions.)	5. Position in labor organization.  SECRLIARY TREASURE	State of the first of the second contract of		
State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of submitted in this report (ingluding the information contained in any accompanying documents), has been examined by undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signature  On Suppose the section of penalties of the instructions.)	(except as specified in the exclu	sions set forth in the instructions):		
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  T.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of submitted in this report (including the Information contained in any accompanying documents), has been examined by t undersigned's knowledge and belief, true, Correct, and complete. (See the section on penalties in the instructions.)  Signed  On Substitute  On Substitute  On Substitute	A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  T.b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of submitted in this report (including the information contained in any accompanying documents), has been examined by tundersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/11/05  Date	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of submitted in this report (including the information contained in any accompanying documents), has been examined by t undersigned's knowledge and belief, true, Correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/11/05  Float	Name			
Street  City  State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of submitted in this report (including the information contained in any accompanying documents), has been examined by the undersigned's knowledge and belief, true; Correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/1/05  Date	Trade Name, if any:			
Street  City  State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of submitted in this report (including the information contained in any accompanying documents), has been examined by the undersigned's knowledge and belief, true; Correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/1/05  Date	s de la companya del la companya de la companya del la companya de			
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submitted in this report (including the information contained in any accompanying documents), has been examined by t undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/11/05 (602)  Date	Sign	ature		
Date	submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by to ction on penalties in the instructions.)		
Form LM-30 (2003)	- / 1/1) Vay	Date		
	Form LM-30 (2003)			

Name of Person Filing				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	art to a comment of the contract of the contra		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street	14 h A A Desprise de Jelles se la constant de la con	Control of the contro		
City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income recei	буртын эмен эмэ гилийн эмэ хилийн эмэ хилийн эмэг хийн эмэг хийн эмэг хийн эмэг хийн эмэг хийн эмэг хийн эмэг х Эмэг хийн эмэг хийн э		
State ZIP Code + 4				
	12.b. Amount.	egent is an effective format format format and provided by the state of the state o		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and the second second contraction of the second second contraction of the second secon		
Name				
Trade Name, if any:		- Anna i		
P.O. Box, Bldg., Room No., if any				
Street				
City				
State State	make and digit of the Control of the			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			